

THE CARE OF SOME CLASSES OF THE
CHRONIC INSANE

BY

HENRY P. STEARNS, M.D.

MEDICAL SUPERINTENDENT OF THE HARTFORD (CONN.) RETREAT FOR THE
INSANE

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THE CARE OF SOME CLASSES OF THE CHRONIC INSANE.*

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"When a man loses his reason, it becomes necessary that the reason of others, in a greater or less extent, shall supply its place. To that extent, the movements of the person thus affected are subject to the control of others, and his property is taken from his management and disposal. Humanity demands this; the peace and safety of society demand it, and the ultimate good of all parties is promoted by it."—ISAAC RAY.

GIVEN one, or three, hundred subacute or harmless chronic insane persons to be cared for in the most judicious, humane, and economical manner, how shall the problem be solved?

That an intelligent answer may be furnished, it may be necessary to describe more fully the general condition and peculiarities of the above-named class of persons.

Some of them will be affected with delusions and hallucinations of a more or less pronounced character. In others the memory and judgment will be "fatally impaired," rendering them incapable of protracted thought, and ready to misjudge even the most benevolent intentions of others. Others will be demented and comparatively inactive, with-

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out ability to support, or even to assist themselves, when subjected to the ordinary friction of every-day life and labor. They, therefore, will require to be cared for, rather than care for themselves; they must have some degree of supervision in reference to food, sleep, dress, and cleanliness.

All these persons will be more liable to illness, especially when exposed to the usual changes of weather and climate, than persons in good mental health; and, when ill, will require more care than persons in an ordinary state of health.

Cases of a subacute or chronic character will become more or less excited or depressed at times; their delusions and hallucinations will become of a more active and serious nature, and consequently at such times those so affected would require more particular oversight both day and night; and, in proportion to the degree of excitement or delusion, will very likely resent interference on the part of others in the way of restrictions upon their plans and movements. They will be quite sure they were never in better health or more capable of caring for themselves, and, therefore, their judicious management and control will require a considerable degree of tact and experience on the part of those with whom they may be placed, to avoid disagreement and the use of force; and when, as will often be the case, it may become necessary to limit their movements and usual degree of liberty, they will be very likely to claim that they are abused and unnecessarily restricted in their desires and plans, being quite sure they were never more capable of caring for themselves.

Those suffering from depression, even of a mild form, are not unfrequently affected with delusions, and consequently would require some degree of oversight both day and night. Finally, many of these persons will present peculiarities of habit, conduct, and dress, and thus will not fail to attract

attention, and many times intrusion, on the part of some portion of the public, whenever opportunity may occur.

These statements, in reference to the conditions and peculiarities of the class of persons to be cared for, are believed to be essential that the elements of the problem to be solved may be somewhat more clearly appreciated.

It is not to be inferred that any one or more of the conditions mentioned will pertain to each patient all the while, though some of them will be certain to do so at times. Persons, good-natured, quiet, and contented to-day, may be quite otherwise next week; minor degrees of excitement may alternate with those of depression, while peculiarities of conduct will present themselves more or less at all times.

Now, three modes of caring for these persons will readily suggest themselves to the reader:

1. They may be retained in the asylums for the insane where many of them are at the present time.
2. They may be placed in homes or asylums specially constructed for, and adapted to the use and care of, such a class of persons.
3. They may be placed in the private homes of farmers and others in the several towns and counties of the state.

I propose to refer to and examine to some extent the above named plans in the inverse order of their mention; *i. e.*, first, the placing them in homes with farmers and others scattered about the country towns and villages.

And, first, it may be remarked in reference to this plan that it is not new. It has been and still is in operation at Gheele, Belgium; at Kennoway and Ayr, and in many private cottages throughout Scotland.

The oldest and best known example is that at Gheele, where the whole village, and indeed the whole canton, is so used. At the time of my visit there some years since, there was a regular asylum, similar in its arrangements and con-

struction to other asylums, with capacity for some two hundred patients, more or less, and officered with superintendent and assistants. To this asylum all cases are sent, and while the acute cases, of excitable and maniacal type, are retained, other cases of a mild form or depressed condition are distributed over the town in the different families, who eke out their scanty income by caring for them. Not more than two or three persons are placed in any one family, and they are visited once, twice, or thrice per week as their mental and physical condition may seem to require ; while in all that pertains to their moral management and care, they are left under the supervision of the family. In the other two instances referred to, in Scotland, some twenty or thirty of the quiet and demented class are placed in the cottages of the villagers, and in no case are there more than two persons in any one cottage. The patients are expected to be always considered and treated as members of the families with whom they are placed, as far as practicable. Those families are composed of persons in the humblest walks of life, in fact, are poor peasants, and live in houses such as are generally occupied by that class of persons in that country ; consequently, the small sum paid for the care of such patients is an object to them.

These persons are visited by some member of the Board of Lunacy Commissioners from time to time, and I think the overseers of the county poor are also expected to have some oversight of them.

As, however, these modes of providing for some classes of the insane have been in use at Gheele for centuries, and for several years in Scotland, and there has been no movement towards extending them in either country, but rather the continuance of other modes ; and, as they are generally admitted by all to be impracticable in this country, no further reference need be made to them in this place.

Not so, however, with the plan of placing patients in single houses about the country ; and as this is thought by some to be practicable, it may be well to examine somewhat in detail its advantages and disadvantages.

1. The plan provides for as many additional patients of a more urgent class as may be removed from asylums where they now are, of the chronic class.

It is certainly true that asylums in most or all of our states are over-crowded, and that there are considerable numbers in their homes and in the alms-houses waiting their turns for admission and treatment in them.

2. It also provides for the removal of a number of patients from the somewhat routine life incident to asylums to the more home-like and natural mode of *family life*. It is also thought they may be to a considerable extent associated with the members of the family, be entrusted with a larger degree of liberty, and be employed in the usual avocations of those with whom they may be placed. It is thought there can be found among the farming and rural population a considerable number of "farmers and others" who will be willing to receive and care for those even of the "sub-acute" class of the insane, where they can be treated by some country physician, and live safely and even "happily," their condition being reported from time to time to the General Board of Lunacy Commissioners ; that such disposition of patients by their friends would be vastly more in consonance with their sympathies and feelings than placing them in asylums, whose gloomy halls and corridors they think they can see, and whose locks they imagine they can hear grating.

Now, as preliminary to considering any disadvantages attendant on such a plan, it may be remarked that there does not now, nor, so far as I know, has there ever existed any obstacle, public or private, to making such disposition of in-

sane patients, except such as may be inherent in the nature of the case. There certainly exists no law compelling persons to send their insane relatives and friends to an asylum. They can care for them in their own homes ; they can hire their neighbors to care for them, or they can remove them to distant towns and villages, and hire them cared for there, so far as any *law* of the state is concerned ; or they may at any time remove their friends from asylums and have them thus cared for, thus avoiding the dread and suffering supposed to be incident to having them in an asylum ; but, as the case actually stands to-day, this is not done, and the vast majority of those who are able to support their insane relatives have them in asylums.

Such being the case, the plan of *boarding out* of patients must relate to that class who neither can pay for their own support, or be paid for by friends.

Now, one of the first objections to such a plan of caring for the above class of the insane which suggests itself, is that it practically does away with any efficient system of daily or weekly visits and inspection. Such a system, carefully followed up by persons duly qualified by education and free from selfish interest, is believed to be absolutely essential to their well-being and humane care. This would be essential even in the case of persons in good health, unless they should be provided with the requisite means of defending themselves against the many forms of injustice which might be brought to bear upon them through the selfish interests of those under whose care they might be placed. How much more would it be the case with persons all of whom are affected with some form of illness, which renders them helpless ; persons demented, depressed, or unnaturally excited !

If it is found difficult in many cases to secure kind and judicious treatment of such persons in asylums, with the

many means for this purpose at hand, how much more in as many homes as there are persons scattered about the country! If it is found necessary to have close observation and very frequent inspection when they are cared for by persons who have been educated and trained for this purpose, and who understand that the peculiarities and oft-times obstinacy on the part of patients are due to the presence of disease, how much more will it be the case when they are among people who have little or no qualifications for their care, and whose interests may lead them to misjudge conditions which may be present.

Not long since, a father came to the Retreat to visit his son, and when told that he refused food and had to be fed with a stomach tube, exclaimed: "Why don't you knock him down? That is the way I did before he came away from home, when he did not eat! You must not be fooled with his nonsense."

Within two years, a husband brought his wife to the Retreat, and on her person were found marks of an ox-whip which he admitted he had whipped her with because she refused to answer some questions he had put to her.

Within eighteen months a mother brought her son, a lad of seventeen years, to the Retreat, and, in giving an account of the case, said she had had him chained to the garret floor for quite a long time, because he would not attend to his work, but leave home.

In these cases the two men were farmers, and the woman was the widow of a farmer. They were all persons of property, and probably not greatly worse or better, not more ignorant or learned, humane or inhumane than many others of their class in life. They had not *intended* to do an unwise or an unjust deed, but really knew no better. They did as thousands before them have done in all ages and

conditions of life, and will continue to do, except they be educated to a more enlightened and humane course.

It seems to me, therefore, that before placing demented, deluded, or hallucinated persons, or persons who are odd and singular in their general conduct, or dress, or language, —persons whose conduct must often render them liable to be misunderstood and misjudged, in homes where they can only be visited at considerable intervals by those having charge of them, it would be well to carefully consider the matter further.

Another objection would lie in the difficulty of finding suitable homes for them at such cost as the state will pay.

In England and Scotland, these patients, who are all of the humblest class, are placed with those in like position in the general population, and who live in a very primitive manner. They are poor, and greatly need any addition they can obtain to their usual income.

In this country, farmers and others with whom any persons could be placed are in a much higher position and have a much larger yearly income. Their time is more valuable, because wages are higher, and, as a rule, they are their own employers. Such labor as could be had from one or two chronic insane persons would be of comparatively little value, indeed, would not make it worth while to be at the necessary trouble of obtaining it. They would, therefore, in many cases, be left to themselves, to wander about the country, with all the results of such liberty attending, or else be confined in the house. Indeed, under almost any circumstances, they must be neglected at times, as the compensation would be insufficient to pay for supervision.

This objection to the plan would, however, be removed, if it can be demonstrated that the better class of persons will receive and care for such patients; but when we con-

sider how extremely reluctant the larger number of these persons are to have even their own relatives, so affected, at home ; how unwilling they are to be burdened and hampered with the responsibility of their care ; and, indeed, how ready they are to make great effort, and sacrifice much, that they may be able to pay others for this duty rather than do it themselves, we may surmise that it will not be easy to find those who, with the requisite qualifications, and without any tie of blood, would be willing to undertake the charge.

It is not, however, intended to assert that persons cannot be found who will be more than willing to undertake this kind of occupation for the remuneration it would furnish, but it would be safe to assert that they would be such as would be without responsibility or qualifications for the charge. But lest I may be considered as regarding this matter with a bias, I will refer to the views of a commission which, three years since, was appointed to examine into the condition of the insane poor of Connecticut. Referring to this matter of boarding of patients, the commission uses the following language : "At Tariffville we found about ten who were insane or imbecile. They ought not to be there : it is no proper place for these feeble persons, and it is an outrage upon humanity, a disgrace to the civilization of the state, and a sad reflection upon our Christianity, that they are there at all. We will not be silent, or smooth this matter with pleasant words, and end with saying, 'this is all very well for *them*.' It is not well for them, and no one with the love of God in his heart and true love for his fellow-men can honestly say it. We shed our tears over the distant and repulsive Fejii islander, and mourn the wrongs of the barbarous Sioux Indian, but here, right here, in this Christian commonwealth, are men and women kept day after day, by the

authority of the state, in a condition which should shame a savage, or tingle the cheek of an infidel." "And it should not be forgotten that brutal men and brutal women, and sometimes those, too, who would shudder if such terms were applied to them, are guilty of the most intolerable cruelty to the insane, in their management of them, or in their efforts to carry out a fanatical idea that these persons 'must be made to mind.' Such cruelties, if committed in an insane asylum, would arouse the land."

The commission found this a specimen, it is to be hoped an uncommon one, of the care some of the unfortunate insane poor of Connecticut experience, when exposed to the boarding-out system. How many such cases would be found, indeed, how many now exist, may be inferred from the experience of the past, and our knowledge of the tendencies of human nature when influenced by selfish interests.

We will now refer to the second plan mentioned above, viz.: Placing them in homes or asylums specially constructed for and adapted to the care and use of such persons.

1. This plan is free from the principal objection urged against the first plan—a lack of *inspection*. This provides for daily, and, if need be, hourly inspection by persons educated and trained for the purpose. The amount of labor to be required of any one would be decided by the physician in charge.

Peculiarities and physical conditions would be considered, while temporary illness could be treated at the time and without removal. A considerable number, one or three hundred, could be cared for by a very few persons, and these persons would be constantly under the guidance of one who, with themselves, will be entirely free from bias or interested motives; consequently, the amount of labor

to be required will depend simply on the well-being and happiness of the patient, and not on the personal need or advantage of another party. They could be easily classified and arranged in companies according to peculiarities and conditions existing, and this consideration is one of much importance in reference to labor. The influence of example is very potent with this class of persons, so that the few in any company who might not be disposed to join in the labor would soon be led to do so by the others, thus increasing the amount secured.

2. They could be easily and frequently visited by those duly authorized by the state for that purpose, and their general condition and care determined.

Such homes or annexes could be built near to the state asylums, so that persons becoming excited or depressed can readily be transferred to them during these periods, and receive the necessary care with little inconvenience.

But, it is objected, that by such a method of caring for large numbers of the chronic insane, they will be deprived of their liberty in a larger degree than is necessary. Now, as this is a serious matter, and may apply with equal force to the care of all classes of the insane when considerable numbers are in one home, it may be well to consider it somewhat carefully.

There is magic in the very sound of the word liberty to every English-speaking person, and we are ready to exclaim with Sterne: "'Tis thou, thrice sweet and gracious goddess, addressing myself to *Liberty*, whom all in public or in private worship, whose taste is grateful and ever will be so, till Nature herself shall change."

But, there is a vast difference between liberty for the sane and insane. To the one it means freedom to care for himself and family; to labor daily for their support and comfort; freedom to do the most he can as a citizen for

his neighborhood and his country ; freedom to acquire property and make provision, as best he may, for the dark days of sickness and old age ; freedom to participate in the election of those who may exercise authority in state and national councils ; freedom in the pursuit of happiness for self and family ; freedom in the worship of God. "No tint of words can spot thy snowy mantle, or chymic power turn thy sceptre into iron ; with thee to smile upon him as he eats his crust, the swain is happier than his monarch from whose court thou art exiled."

But liberty for the demented, the excited, the depressed, the deluded, the weak in body and mind, the odd and singular in general conduct, signifies something vastly different from this—indeed, quite the opposite. Liberty in this case means the wandering about the country, according to one's own sweet will ; the sleeping in barns or under haystacks in the fields ; the dressing in grotesque and fantastic styles ; the being hooted and jeered at by thoughtless boys ; working or not as one may choose ; the being sought after at night ; and exposure to wet and cold. It signifies an aimless and objectless kind of life, the doing as one may please without much reference to the consequences, the going hither and thither, a restless and uneasy desire and effort for one knows not what. Unrestricted liberty means this, if it means anything, for the insane. Few insane persons of the class under consideration are anxious for the kind of liberty sane persons desire to enjoy and glory in, but simply the liberty of license ; and it seems to me important to recognize this distinction in our desire to do all that may actually be for their highest good and happiness.

The truth is, and we all must recognise it, that these persons must have supervision in one form or another. All supervision implies restriction, and all restriction means deprivation of the liberty desired.



Disease, in all forms, restricts personal liberty, and often is a tyrant, especially with the insane. Therefore, in our care for them it should be one of our aims to make the burden as light as possible, to grant all reasonable requests, to give all reasonable liberty with necessary restrictions.

The exercise of supervision and consequent restriction of license implies the largest kindness on the part of those having the care of them, and when gathered in considerable numbers, a larger degree of liberty in reference to personal movements, labor and amusements, would be practicable than when isolated in farm-houses, and under the care of one person, and he an interested one.

But, again, it is claimed that life, in any kind of asylums and with considerable numbers, is *routine, monotonous, and unhomelike*.

Well, the same may be said to be true as to life in boarding-houses and hotels. There is the same general round of daily meals, the gathering in the reading rooms, the smoking-rooms and vestibules, the same routine of work, and not unfrequently hard work. In fact, life is routine for the vast majority of people, especially the poor, everywhere.

Still, people, many of them, prefer to live in boarding-houses and hotels rather than in private homes. The truth is, however, that life in such an asylum would be vastly more varied and attended with much more in the way of amusement, interest and diversion, than is possible with the vast majority of people who, in the same station of life, live and labor in their own homes; and certainly vastly more than would be the case if they were farmed out singly in the homes of country laborers, and required to conform to their habits and modes of living. It would be a mistake to suppose that because some of these persons are restless, uneasy, and unhappy, they would be less so under other circumstances. They would be unhappy anywhere and

under any regulations of life, because they are not in health.

It may be proper here to add a word in reference to the arrangement and construction of such asylums as these now under consideration.

Buildings for the care of such persons could be located in the vicinity of state institutions and on a large plat of ground especially adapted for farming purposes. They should be provided with shops and work-houses for the occupation of such patients as have been accustomed to mechanical pursuits.

The buildings may be under one roof, and arranged with day and night rooms, with amusement and smoking-rooms, and rooms for games ; or they could be in detached houses connected to the central and administrative building by means of covered corridors. One or two farm-houses, sufficient for families of eight or ten persons, could be located on the border of the grounds, and be in charge of a farmer and his wife.

The larger portion of all these buildings could be without locked doors and guarded windows, a limited portion being provided with them for such as could not be trusted.

All persons in charge of these patients, from superintendent to attendants, should be selected with special reference to their duties and the method to be employed in their discharge. They must be thoroughly in sympathy and identified with the plan to be pursued. They must be with, live and watch over and direct the movements and labors of these patients, as well as their amusements, as *friends* rather than masters. They must consider them as wards or children rather than responsible persons.

It is believed that life under such a plan and conditions would be no more irksome or routine than life in hotels or in one's own home ; that it could be made remunerative to

a considerable extent; that it could be freed from many of the restraints which appear to be necessary for the acute and some of the chronic insane.

In reference to the third plan, viz., that now in use in our asylums, it may be said that it provides for oversight and frequent inspection; it provides for the care of the many by the few, and it provides for their economic care by those who are above personal bias. In all these respects it would appear to be better than the first plan examined.

It is, however, thought by some to be objectionable in its general effects.

1st. It tends to crowd our asylum capacities, and thus keep many of the more acute and curable cases from receiving treatment in them.

2d. This class of patients occupy room in asylums built especially for the care and treatment of the curable class, and, therefore, at a considerable larger outlay than would be deemed necessary for the chronic incurable class.

3d. By being associated with the acute and curable class, and at the same time deemed and treated as incurables, the class of chronic insane under consideration *may* become in time somewhat neglected.

The capacities which they have left, and which, under a special line of care and treatment, might be developed so as to render them still larger, *may* be overlooked by those who have a so much larger duty and interest in caring for the curable class. It is thought that by being in asylums built especially for them they could be more largely occupied in labor, be entrusted with a larger amount of freedom as to personal exercise, and more likely to become partly self-sustaining, thus ensuring a larger degree of happiness to themselves and a less expense to the state.

There may be some difference of opinion as to how important the above considerations may be, but I am inclined

to the opinion that they are well taken. I think buildings and equipments for the kind, judicious and economic care of the class of persons now under consideration, can be built at a considerable less expense than may be requisite or desirable for the curable class; and when we take into consideration the large number of these persons which is every year added to our asylum population, and how large that number must become in the no distant future; when we consider the millions of money already expended in some of the states, and the additional ones soon to be called for if the present style and cost are to be continued, the importance of this consideration becomes more apparent.

I am inclined to the view that a larger amount of happiness and productive industry can be obtained, a greater degree of liberty in personal movements may be had, when in homes built and conducted with special reference to their peculiarities and requirements; where they are under the care of physicians and attendants who are free from other and more urgent calls in connection with another class of the insane, and, consequently, can look exclusively to their more immediate interests, management, and occupation.

In the treatment of the subject as above, it is not claimed that there may not be individual cases of the insane who could be properly cared for in private homes. It is not claimed that there may not be persons who could and would take care of these individual cases.

But the subject has been considered in relation to such numbers as would be of importance in relation to the state, and thus become a matter of public interest.



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